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AUTHOR Bharadwaj, Geeta R.; Srivastava, Suman
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ABSTRACT

The paper examines family planning and nutrition needs as well as education and employment while exploring ideas of how an integrated approach is possible in promoting quality of both the reproductive and productive sphere of women's lives. It is suggested that understanding women's differential role will make it possible for planners, policy makers, and change agents to ensure that women receive a fair sharing of benefits from development. Section One presents a rationale for drawing up comprehensive programmes for social development planning, with women as the prime mover in reaching population control targets as well as playing an active role in necessary social change (the effectiveness of this integrated approach lies in the fact that it will be launched in rural areas, where organisation is most lacking). Section Two addresses the nature of a comprehensive approach and looks at family planning programmes, nutrition, employment and income generation, and education. Section Three provides four down-to-earth programme proposals. Section Four provides some words of caution and notes the need for further work. An annex offers 1979 demographic information for the Economic and Social Commission for Asia and the Pacific region and lists governments' views with respect to changes in the status of women in specified areas. (ERR)

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ASIAN AND PACIFIC CENTRE FOR WOMEN AND DEVELOPMENT

WOMEN IN DEVELOPMENT SERIES

THE SPECIAL NEEDS OF WOMEN
A PLEA FOR AN INTEGRATED APPROACH
AND
SOME PROGRAMME PROPOSALS

PREPARED BY:

DR. (MRS.) GEETA R. BHARADWAJ

&

DR. (MRS.) SUMAN SRIVASTAVA

The views expressed in this paper are those of the authors and do not necessarily reflect those of APCWD

FOREWORD

Programme designers are increasingly asking for information on how to include women's concerns more fully in programming efforts. Exactly how an integrated approach to the special needs of women would strengthen programmes is still not quite clear for there are only a few isolated success stories of this that are known.

This paper is an exploration of ideas on how an integrated approach is possible in promoting the quality of both the reproductive and productive spheres of women's lives. Thus it touches upon family planning and nutrition needs as well as education and employment. A woman's services can be "productive" and fruitful even when she is pregnant and fulfilling her reproductive role. In this, her participation and involvement, the local use of resources and collective efforts by women have to be secured in order to make the effort relevant and result-oriented. To preserve the down-to-earth flavour of the paper, four programme proposals are presented for interested persons and organizations to take up. Naturally, these can be only very general and in the nature of adaptive suggestions.

While the need for an integrated approach is not new - one might say it is the 'in' thing now, - evolving ideas and tangible ways of the "how" of it, is in great demand. This paper addresses itself to this need, in the hope that inputs from it will be picked up for further work.

The paper represents the joint effort of two Indian women - Dr. Suman Srivastava a medical doctor who has served in India and Iran, and a development economist formerly with the Reserve Bank of India, Dr. Geeta Bharadwaj, currently based in Bangkok. The Asian and Pacific Centre for Women and Development shares with them an anxiety to do whatever is possible to make the contribution to development and concerns of women visible, and to show up the *differential* role of women with the reasons therefore. This is to make it possible for planners, policy makers and change agents to ensure that there is a fair sharing of the benefits from development - that these latter reach women in the same way as men or at least in proportion to the large known contribution of women to progress. Our effort, albeit modest, will, we hope, be useful at a time when a great deal is yet to be done for that elusive thing called "women's emancipation". Ensuring fuller participation of women in the process of development is no easy task or isolated issue. It is part of the warp and weft of the fabric of society woven over generations. Loosening traditional biasses thus takes the effort, dedication and time of countless individuals.

A twin publication of this paper on "Enhancing Women's Participation in Development Planning" is to appear shortly. Since the debate and the search on how best to incorporate women's concerns in development planning are continuing and on going, we prefer to refer to these two papers as "Notes". We hope that they are worth "exchanging" and present them in the belief that they may lead to something more finite, tangible and useful.

Padma Ramachandran
Director
APCWD

Bangkok
June 1980

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The Backdrop:

The disenchantment about development achievements over the past decades has led to a redefinition of development goals to include social factors in the development process. Attention to basic services composites is therefore being attempted. However these attempts are not being focussed on the wider audience of women or on woman-specific problems. This means a fifty per cent failure even of the new "human" approach as women form about half of the total target group of population. The documents for planned development make perfunctory mention of women or suggest fragmented proposals for their "upliftment" as a class. The result has been a lack of appreciation of the realities and potential of women's contribution to development as a basic resource. The colossal loss in terms of GNP (exactly how much is not yet assessed by anybody) due to such a neglect is just one of the many features holding back social and economic advancement. Apart from historically prevalent socio-anthropological reasons for bypassing women, traditional tools of economics too were insensitive to the issue of linkages between women and development. With the recent increase in awarness of women's problems, the need for forging new developmental tools has become urgent. While the general methodological framework for developing structured linkages are given elsewhere*, the present paper confines itself to a presentation of comprehensive action-oriented programme proposals.

Although each community may have strong feelings of kinship among its own members, its economic activities are more on an individualistic basis. Observing that this situation has not been rectified even through planned economic programmes, special attempts at community participation and community action are made. However, even here, women have not been recognised as a special group or as having a specific say in development decisions relating to their own community needs. The chief reason could be that delivery of services is given weightage without planning on generation of services from within the community. Delivery links from the development authorities to the target groups are taken for granted and they do not function efficiently. An alternative would therefore be to forge active links between the target groups and the planned structure of programmes in the form of generation of services, through local resource utilisation. The advantages of such a move, specially when the hitherto passive half of the community - women - is activised, would be multiple. In common language, this is a plea for active involvement of women in programmes intended for their benefit, at every stage from planning to implementation.

The active and passive linkages between women and planned development programmes would have to be structured as women as a class are not a homogeneous group, though their problems may seem alike. This would imply a combination of generation and delivery of services through a step by step build up so that the actual connecting links are composed of productive activities. Only then would there be a meaningful participation of women in development decision making.

The Present Study:

With this background of the problem of linkages between women and development, we furnish the rationale behind our comprehensive programme approach.

Section two deals with the four major aspects of education, employment, family planning and supportive nutrition as inputs in a package programme.

In the third section, four programme proposals are outlined which could be attempted together in any project area or picked up individually depending on the resources, capacity and need in each community.

Section four contains a few words of caution for the project co-ordinator.

* See notes on "Enhancing Women's Participation in Development" APCWD 1980.

I. SECTION ONE

Rationale

The basic objective of social planning is to minimise the social change necessary for the successful implementation of a set of economic objectives. Ideally, social change has to be brought about with harmony, and so the direct and indirect sociocultural impacts of any economic programme have to be assessed. This need becomes more urgent when women are recognized as having specific problems requiring specific solutions.

The radical shift in emphasis demanding "articulation from below" for development plan formulation opens up new vistas of effective participation by women in determining the directions of social change. Hitherto limited approaches in the shape of a number of alternative welfare strategies have been attempted and found wanting in achieving the final goal of eliminating economic backwardness. This study attempts at focussing upon drawing up comprehensive programmes to social development planning with women as the prime mover in reaching population control targets as well as playing an active role in necessary social change.

Since women will have to play an increasingly active role in "comprehensive development-planning", special attention should be paid to the impact of family planning programmes on women. The harmful side effects of such programmes have to be overcome by a well planned nutrition programme so that both the programmes become successful by mutually strengthening each other. The economic potential of women should be increased by adequate delivery of educational services so that the participation of women becomes the basis of successful social structural changes. It therefore follows that not only are women the main beneficiary target groups of such integrated programmes but also that they aid in their efficient implementation. The benefits from such programmes should also be distributed among them so that they form the backbone of an infrastructure for social development. By generating these supportive programmes area-wise, the housewife could easily perform the work of community health worker through suitable training. Income generating schemes could be set up at all stages of pregnancy and motherhood.

This has favourable effects on the structure of population apart from limiting its size. Firstly with improved health of women and limited families, the ability and scope for women to engage in production activities increase. Unhealthy interregional migration which is now occurring due to accelerated industrialisation and strong population pressure would be curtailed. The pull and push factors get reduced in intensity. Secondly such changes in population structure have other socio-psychological benefits apart from economic advantages. A strong contingent of active healthy women participating in useful economic activities would lead to regional balanced development using local resources and know-how. The social changes too would be beneficial and efforts towards preventing social disharmony would be a community activity with a compulsion for making it a general success. Fourthly, the psychological forces which influence migratory movements would now be reversed and efforts towards local development would increase. Fifthly, with increasing stability in population size, a proper functional population policy could be devised so as to arrive at a balance between industrialisation and agriculture-oriented activities.

Thus the forces for women participation through proper health and family planning programmes, female employment, process of industrialisation and population migration would all come under a balanced format of socio-economic control.

To translate the above objective into operational terms reaching down to the smallest unit of production, a survey of national policies limitations and constraints along with that of local conditions

would be necessary to formulate social policies. With minute data on conditions of life and behaviour of communities, regional level planning can be undertaken for social development.

Further, such an integrated social policy can also help women to organise themselves through the very agencies of health and family planning centres that reach them. A greater feeling of comradeship, and readiness to assist one another would lead to a well defined code of behaviour and proper internal leadership. As long as the breaking up of the social structure in each area is discouraged by attractive opportunities available locally, a scheme of interrelated families would emerge and be a helpful social aspect to regional growth. It is to achieve this that the nutrition programmes must be integrated with the family planning programmes. In this regard, an assessment of the pattern of health expenditures in relation to their goals specially as regards the benefit for women must be made. So also the effect of health impairment on employment and malnutrition on productivity must be examined. Special concern must be placed on the regional allocation of each sector of nutrition, health and family planning in the large development programmes.

This orientation to the entire plan programme would help study the woman issue not as some afterthought or ignore them as is being done under the general hold-all of basic needs. The primary importance given to women in family planning programmes to make them successful will now have a positive direction by concentrating on their health and help them critically in organising themselves for a role in development planning and decision making.

The effectiveness of this integrated approach lies in the fact that it will be launched where organisation is lacking the most in the rural areas. It will enable the rural women to organise themselves into effective structures, so as to strengthen them in their roles as mother, as income earners and as active community members.

Social development planning has certain major advantages when approached from a decentralised angle. The projects thus planned would be need-based, realistic in terms of resource availabilities. could fruitfully use local technology and resources and have a greater chance of success by the vested interests of the participants who are also the beneficiaries. However, both theoretically and practically the problem of evolving an effective co-ordination mechanism continues to pose a dilemma for the planner. Whether the approach is top-down or bottom-up, the planner must have a *structural* view of the phenomena he is handling as they are interdependent in nature. This is specially so when the target group of women is being dealt with, since not only are women different from men but each woman is different from the other and has problems specific to her own place in the socio-economic and cultural complex. Since such extreme disaggregation is not conducive to general social policy formulation, some meaningful classification on the basis of economic sectors and social strata must be thought of. Needless to say, the project identification and formulation stages would be deeply influenced by the type and range of classification. A structural approach to the hard core production structure of the economy is now quite common and is seen in terms of a set of input-output relationships. For the 'soft' aspects of socio cultural factors too, some attempts could be made to formulate intensity interaction matrices which would give strong guidelines for linkages.

If the social structures have to be strengthened so that rational social policy is formulated, then women must be drawn into the planning process so that they are well informed and have an adequate understanding of the social and political systems of their respective countries. An awareness of the interacting variables will help curb political uncertainties through strong public opinion. Strong feedbacks must be developed which would help society to guide the political process. If the women section of population is set up as a strong social spine then stability could be ensured.

Secondly, women by virtue of their roles as mothers responsible for child care and development are in a better position to guide youth towards meeting community needs. Today's setting of developing countries is one where the special feature is one of a dominating rural backdrop with pockets of urban industrial centres. This has given rise to social problems and communal needs

which are interrelated. The role of women is to make the youth realise their commitment to study, identify and help meet the community needs in their own national setting. Women then would have the responsibility of paying attention to some of the problems of the youth - a large part of which would be comprised of students.

The main problem of the young in our community is one of ability without opportunity. This feature surfaces itself in different forms, chiefly in that of a conflict between generations. The youth movements specially concentrate upon the student community and appear in the form of political revolt or violent attacks on the social frame. The student movements are not new but quite a historical force. Indeed much of social change and political reform has occurred over the years because the young have been motivated by an ethical consciousness and idealistic spirit. Such efforts have had two types of effects sometimes helping social reconstruction and at other times, leading to terrorism and destruction.

The problems of the young also have an individual aspect, where girls function differently from boys. Thus community needs include youth problems and can be met in two ways, one, by solving the problems of the youth and secondly by engaging the youth to help meet the general communal needs. The social problems in our country today are closly linked to the several social characteristics of our society and the economic inequalities. Though some of these problems existed even when our society had a simple life style, they have increased and become more sharpened due to more affluence, less moral consciousness, a more integrated social system and freer expression both at an individual level and through the media.

A typical sample of the problems of the young consists of family and community disorganisation, crime, juvenile delinquency, mental disorders, drug addiction, suicide and prostitution. The forces favouring rationality, utilitarianism, personal freedom and liberal domocracy, work against the rigid sanctions of a religious order. This has led to conflict between institutions and values, with plural authority. This could naturally confuse the young and with increased social mobility destroy the social context and influence individual behaviour. All this is not to justify or defend the behaviour of the young. At the same time outright criticism of a strong energetic force will lead nowhere, without understanding the economic cause of the roots of social problems. The race of economic development has led to a rural - urban migration which has not benefitted agricultrue and only created a strong unemployed urban class of the young community.

The psychiatric attempts to solve and help the social problems of the youth are helpful but useful only for a small number of the youth community. What is more important is to prevent larger numbers from becoming such problems by providing opportunities so that the abilities of the young are used to meet the community needs of each country.

The first activity that youth community are engaged in is the educational process. Since a major part of our lives are involved in getting trained for living better lives and contribution to the community what we learn is as important as how we learn and who learns what. The type of training also depends upon the form of institutions. The opportunities available to the youth have been limited by the narrow sense in which the social service of education is dispensed. Some scientists go so far as to stress that education may indeed by anti-developmental as it is still primitive in some senses. Compulsory primary education does ensure literacy, at the same time it is not enough. Higher education should be provided not merely as an imitative mechanism of advanced countries but as a process of making use of the abilities of each girl and boy. At the same time the educational system should minimise the problem of crime and delinquency by inculcating values which have a social and moral tone. For example a pattern of education which improves farm efficiency would be most helpful to meet the community needs in a developing agricultural country. The present set of young educated unemployed must be used to fill the gap in adult education through literacy drives so that illiteracy is wiped out. They could also be used to engineer social change by assessing the pressures at the sensitive points in the social structure. This would enable further research into intensi-

fied forms of educational output which would match personnel needs. The changing needs of the community also call for different kinds of training schemes for the teachers both men and women. The values of education then will not merely reflect those of the upper classes of society but those of the general community. A comprehensive school system which combines the literary and vocational types of education with special emphasis on primary, middle-level education would serve the developmental needs both of our rural and urban sectors.

The same social structure and culture that encourages organised behaviour could well generate tendencies of delinquency leading to unanticipated social problems. These problems could be of different degrees due to varied causal factors. Further each social strata creates pressures on the next layer through shared values and interests. Hence no one particular solution can be devised to eradicate social problems and meet communal needs. If the attempts to tackle are not multi pronged doing away with one problem could well introduced another. Contemporary problems and needs must be met by factual analysis, and comparative studies made where women's differential role is shown up. Efforts to improve economic conditions must be supported by the spreading of a social consciousness which can weave an integrating ethic for generational equilibrium. Then alone will a problem-less society be within the realm of reality and not a fantasy.

For acting out their roles in society and in their homes women must emerge from their cocoon of passivity. Several problems exist which hinder the active participation of women in decision making towards planned economic development. The main problem is lack of organisation. The base of active participation has to stem from the self organising capacity of women. Domestic problems, lack of a social consciousness and those of funds and alienating temperaments could at present well hinder them from getting together. Even well-to-do strata of the feminine society face conflict of interests as an obstacle to harmonious functioning. Like-minded women from similar backgrounds must get together and aid the organisation process so that a connected front and consistent forum is presented. Secondly, these organisations do not have a mere cultural function; they should aim at creating and raising the social consciousness among women. This should be an easy task since women are always conditioned to think of their family and children and place their interests before their own. However this could well also be the difficulty as thinking beyond one's own family is what is required and new attempts to recondition the feminine psyche have to be launched. The third factor is the family links that exist and would continue to help or hinder the case for women participation depending on each specific case. If the household chores are simplified and the general emancipatory efforts of modernisation and education act favourably, the family links which have so far hindered could well become strengthening factors towards active participation of women by providing a background of security and encouragement towards creativity and flowering. Special attention would also be given to contemporary problems of youth, and their relationship to women. The employment structure of women would be the next factor which should be investigated in terms of type of jobs, salary scales, aptitude etc. Some indicators must also be developed towards assessing the household chores, so that women are not by passed by the planning mechanism just because their jobs are not judged by the conventional monetary standards. Apart from having a well integrated information structure to reach women on all these aspects and to enable them to have access to the activities outside their homes, at every stage of planning there should be special links or cells, set up to investigate the problems specific to women and the effects of that particular planned action on women. Naturally considerable research is also called for in terms of monitoring and evaluating the working of the entire mechanism.

II. SECTION TWO

2.1 Towards a Comprehensive Approach

For a comprehensive picture about the role of women in development and the latter's impact on women, we should know how the policies affect women differently from men. To recommend the strengthening of those policies which affect women favourably, more knowledge about the current state of their role in development is necessary. The programme proposals suggested in this study would provide a data base for micro-level decision making which could be used to formulate priorities in development activities affecting women's role in the process. Women's inputs in such programmes would be specifically defined and the magnitude of the direct and indirect effects of such inputs on women could be worked out according to the framework developed in the previous section.

In assessing the effects of development projects on women, their obligation, responsibilities and positive beneficial effects, it is necessary to select projects which are likely to have a direct, immediate and obvious bearing on women. Nutrition, family planning and maternity, and child health are considered, both from an economic and social point of view, to be of immediate and close relevance for women. The data and information relating to the impact of development projects on women collected on the basis of such directly relevant and selected projects are bound to throw up guidelines for evolving a generalized format for the quantification, measurement, and analysis of development policy effects on women in general. The methodology and techniques thus formulated would help in articulating policy measures for enhancing the role of women in development.

In obtaining data and information on the effects on women of specific development projects, complex interactions of development projects provide opportunities for identifying the variables which are likely to produce major impacts and the channels through which such impacts are transmitted. It is for this reason that a complex of projects is chosen comprising nutrition, family planning and maternity, education and employment. The components of this complex of projects, besides being intimately connected with solutions for women's problems are also essential ingredients of social development as well as economic advancement.

In order to give a body and concrete content to the analysis of the project complexes and the assessment of their impact on women and the role they play in the social development of a specific subnational region, it is suggested that their study be undertaken on the basis of practical implementation in specific areas.

The benefits flowing from the dovetailing of the project complexes into the general planning process both in matters of formulation and implementation will comprise the following:

- income creation for the low end income groups; especially women as the projects are orientated from the start to women's needs and their role in development;
- a more efficient delivery of public services, especially those relating to nutrition, family planning, maternity, education and employment widening of the access channels to these services for the low end income groups, especially women and,
- community asset creation by community participation, especially economic and social infrastructure for the project complexes.

An associated and implied benefit of the projects included in this a study is their influence on retarding or arresting migration away from the rural areas to the urban areas. As is well-known, the migration from the rural to the urban areas consists more of the movement of men than women. As men migrate away to the urban areas, leaving their families behind in the rural areas, often to fend for

themselves, the socio-economic situation of women usually deteriorates. One policy measure that can counter such deterioration is to release forces which prevent the migration process or regulate it so as to make it become a constructive factor in development. Projects such as nutrition, family planning, and maternity and child health can become a part of the instrumentarium that could successfully cope with what may be called distress migration.

The most important justification of the project, therefore, is simply

- the impetus it gives to social development of specific subnational regions;
- the information and data base it would provide for assessing the impact of projects on women;
- the economic advantages which are likely to flow from such projects; and,
- the leverage it provides for dealing with the problem of rural refugees in hostile urban surroundings.

2.2 Family Planning Programmes

Family Planning schemes are becoming more acceptable either voluntarily or in some regions compulsively. However the main reason for its acceptance lies in the fact that woman sees a more comprehensive and active role for herself than mere consumer and reproducer status. Inspite of the several methods used in family planning, the brunt of the entire process, be its maternity or its prevention, falls mainly on the woman. Though the cost and benefits of an additional birth to a woman could be more subjective than physical, the general understanding in overpopulated underdeveloped countries is that family limitation is a beneficial feature.

This is not to say that there are no supporters for large families. Indeed if the rate of acceptors for family planning is low it is because there is resistance to give up the idea of large families. Micro level studies in this regard reveal distinct and sometime contradictory answers between families as to the costs and benefits of having varying numbers of children. Normally large families would increase the cost of bringing up, but in cases where well knit families are the tradition, it could well serve as a greater benefit derived jointly from more earning members. Secondly in such a case it would also be argued that apart from the pleasure of having additional children when coldly viewed as a consumer durable, children would also be a source of security and income during the parents' old age. From the women's point of view, the psychological satisfaction at having given birth to children, gets compounded when it is found that suitable spacing of children can minimise the costs of bringing up children, by passing on the books, clothes and other infrastructure of the elder offsprings.

Nevertheless, the psychic syndromes of having additional children vary, depending on the individual woman. Thus what was once a feeling of having reached adulthood, and a novelty with a sense of achievement and feeling of creativity boosted by religious and social sanction, could soon turn into a farce with repeated births. Many doctors note the difference in the attitude of the new mother and the one with several children. Though it is difficult to get a detailed informational lay out on these matters, it must be accepted that consumption standards and consequent nutritional levels could deteriorate with additional births in families which cannot economically sustain growing numbers. In developing countries where the tradition of having children for old age support is too strong, the social scientist is faced with the dichtomy in population reduction as a national goal and family enlargement as a personal goal. Even among those wishing for smaller families the bias towards more sons than daughters persists, so that the capital stock improves and family enterprise may function well, for which he does not mind paying a premium now. Thus though family planning programmes advocate only two children, the medical personnel are to wait before performing the final sterilization if there has been no male issue. Similarly the question of sex discrimination starts from the very early months of pregnancy when attempts are made to determine sex so as to terminate

female production. Further, this highly loaded son-bias has religious sanction in some cases in that the last rites are also to be performed by the son for everlasting peace.

Some sociological features too strengthen the large family pattern such as lack of proper communication between husband and wife, or relationship based on number of children, age differences, husband-oriented society, female illiteracy, ignorance about family planning, strong religious beliefs and faith in myths, not enough preoccupation with larger issues, and finally the notion that motherhood is the only way to justify a woman's existence and that it confers status.

The small family norm, on the other hand, has to be established by suitable intervention at sensitive points so that child survival is ensured through improved health and nutrition. Mere awareness of family size disadvantages is not enough: fertility control, viable opportunities for family betterment and motivation at different levels, and situations like child loss, pregnancy wastage, lowered nutrition are also to be considered.

Inventories of family planning programme experiences in countries of the ESCAP region show that female to male ratio of population is declining consistently, which could be only attributed to the programmes inspite of slow rate of acceptors. It would therefore be interesting to have a quick glance at the type of contraceptives and their functions along with the health hazards they pose to women.

An extract of the pros and cons of different methods of fertility regulation in a monograph authored by Takashi Wagatsuma and Misako Wagatsuma brought out by the Japanese Organisation For International Co-operation in Family Planning and reproduced in Asian-Pacific Population Programme News is presented below in a practical format for quick reference.

"The advantages and disadvantages of different methods of fertility regulation are carefully examined from various angles as well as from different points of view. Factors taken into consideration include the efficacy of each method as it relates to various users, the duration of effectiveness, the acceptability and most suitable motivational approach, the circumstances surrounding the use of contraceptives, e.g., traditional, clinical, cost and distribution factors. Eight contraceptives currently in use are dealt with are compared in the table that follows:

COMPARATIVE ADVANTAGES & DISADVANTAGES OF CONTRACEPTIVES

1. *Condom*

Advantages	*Disadvantages*
1. Effectiveness - reversible any stage of life	1. Low use effectiveness
2. Pre-conceptive	2. Male co-operation essential
3. Very simple to use and no skill	3. Constant motivation in the male required
4. Self administration	4. Possibility of mechanical failure
5. High acceptability	5. Coitally dependent and must be used on every occasion
6. No medical contradiction or side effect except a local irritation or allergic reaction	6. Some effect on sexual pleasure
7. Effective for prevention of sexually transmitted diseases	7. Limited shelf-life
8. Low cost & easy availability	8. Continuous supply is required

2. *Diaphragm and Spermicides*

Advantages	*Disadvantages*
1. Effectiveness, reversible	1. Low effectiveness and possible failure
2. Pre-conceptive	2. Coitally dependent and skill and knowledge for insertion is required
3. No effect on libido and sexual pleausre	3. Protection of privacy disturbed
4. Self administration	4. Manipulation of genitals is not acceptable in certain countries
5. Slight local irritation or allergic reaction	5. Sustained high order of motivation in the female is required
6. No need for medical follow-up	6. Medical instruction is required
7. Low cost	7. Limited shelf-life

3. *Oral Contraceptives*

Advantages	*Disadvantages*
1. Highest effectiveness among reversible methods	1. Inadequate during lactation
2. Pre-conceptive	2. Continuous motivation in female
3. Simple and easy to use	3. Clinical contra-indications exist
4. Coitally independent	4. Possible side-effects: Nauses, vomiting, amenorrhea and weight gain
5. No skill or knowledge required for using	5. Questionable long-terms safety like hypertension, stroke, thromboembolic disease, hepatoma etc.
6. High acceptability	6. Possible foetal effects in case of contraceptive failure
7. Suitable to modesty	7. Medical knowledge & follow up is essential
8. No pain or discomfort at use and self administration	8. Expensive cost
9. Some good side-effects like relief of dysmenorrhea, hypermenorrhea and increasing the fertility by "rebound phenomenon" of ovulation when desired	9. Limited shelf-life

4. *Long-acting Injectables*

Advantages	*Disadvantages*
1. High effectiveness	1. Repeated injections
2. Duration one to three months	2. Pain at use
3. Reversible and pre-conceptive	3. Non-self-administration
4. Coitally independent	4. Possible side-effects like amenorrhea, cyclic abnormalities
5. High acceptability	5. Delay in return of fertility
6. Simple to use	6. Medical check up required
7. No sustained motivation required except during time of injection	7. Expensive cost

5. *Intrauterine Contraceptive Devices* (IUDs)

Advantages	*Disadvantages*
1. High effectiveness	1. Unsuitable to modesty
2. Long-term duration	2. Possibility of pregnancy with IUD in situ
3. Reversible	3. Unsuitable to certain cultural or religious backgrounds
4. Suitable during lactation	4. Pain or discomfort at insertion
5. Pre-conceptive	5. Presence of contra-indications
6. Coitally independent	6. Side-effects: bleeding, hypermenorrhea, uterine cramps, infection, anaemia, perforation etc.
7. No sexual effect	7. Possible effect on foetus
8. Low cost	8. Medical personnel clinics and instruments are required for provision and follow up
9. One time method	9. Limited shelf-life

6. *Safe Period or Determination of Fertile Period*

Advantages	*Disadvantages*
1. Mode of action: pre-conceptive and reversible	1. Sex of users: both male and female
2. Coitally independent	2. Relatively low use-effectiveness

Advantages	*Disadvantages*
3. Acceptable among Catholics	3. Not applicable during laction
4. No cost, no supply and no side effects	4. High order of motivation required on both sides
5. No medicine or device required	5. Medical knowledge required

7. *Sterilization*

Advantages	*Disadvantages*
1. High effectiveness	1. No reversibility unless specialized surgery is done
2. Permanent duration	2. Unacceptable in some countries for religious, ethical and legal reasons
3. Pre-conceptive	3. Pain or discomfort at operation
4. Coitally independent	4. Non-self-administration
5. No skill or knowledge required for using	5. Possibility of long-term effects: self-immune reaction (male); psychological effects (female)
6. No sustained motivation is required after the operation	6. Expensive cost
7. No continuous supply required	7. Skilled medical personnel and expensive clinics required

Some of the health hazards by different contraceptives are listed below. They require further research with respect to nutritional requirements.

1. Women who are using conventional contraceptives like diaphragm, jelly and foam tablets are more prone to Vaginitis, Cervicitis and are constant victims of "white discharge". These are more prevalent in the poorly nourished women than in the better fed women. Constant protein deficiency associated with vitamin deficiency leads to lowered ressistance. A state of chronic ill health sets in which becomes resistant to medication.

2. Women fitted with IUD are always susceptible to bleeding disorders, discharges and backache. Due to irregular cycles of periods the menstrual loss at times is much more than in the normal case. So anemia becomes a constant feature. This has to be supplemented continuously by iron tablets or a proper diet like fruits and leafy vegetables, meat and fish.

It has been felt that the cost involved to keep a woman healthy, fit to work and carry life happily is much more than the benefit reaped by fitting her with IUD, with side reactions.

The psychological upset a woman suffers when she gets pregnant with IUD proves very costly in contrast to the coverage.

3. It has been observed that with hormonal pills and long acting injections, the metabolic effects produced in women are of varying degree.*

* Studies conducted in Thailand, University, Chiang Mai.

Effectiveness of medoxyprogesterone acetate (DMPA or Depoprovera Upjohn) 150 mg/M:

Patients put on the above contraceptives were given:

Vit A	=	10,000	units											
B_1	=	5	mg,	B_2	5	mg	B_6	1	mg	Vit C	=	100	mg	
Nicotimide	=	40	mg											
Ca pentothinate	=	10	mg	B_{12}	=	4	mg	Fe	=	20	mg	K	=	0.3 mg
Cu	=	2	mg	Ma	=	12	mg	Mn	=	2	mg	K	=	10 mg
Ca	=	70	mg											

Effect Certain vitamins like B_1 & B_2 assessed by erythrocytic enzyme activation tests showed some decrease in the basal level.

African woman showed changes in B_{12} level who were on hormonal pills as disturbance of folate metabolism causing megaloblastic anemia. The altered vitamins & mineral metabolism led to consequent clinical and biochemical abnormalities observed in oral contraceptive measures. This method was introduced by Dr. Pincus and his associates in 1955. Many research projects show that

1. Growth factor hormones have been elevated;

2. Glycogen Concentration has been suppressed;

3. Insulin: There is significant increase in fasting immuno reactive concentration increases besides the bleeding tendencies, headache, water retention, and breast enlargements and occasionally leading to obesity and ammennorhea. The feeling of constant nausea and giddiness prevents 30% of the women from having their proper diet with the result they fall under the group of "Undernourished".

However the additional cost involved in compensating the health hazard will be smaller than the women getting 'pregnant' as the amount of food and calories required is much more in the latter condition. A woman on contraceptives should consume more proteins; instead of 56 gms, she should have 58 gms which would mean taking more of pulses, milk and meat. Studies are required to evaluate the cost of contraceptives, and the increased diet consumption which would be less than the one required for pregnancy. Similarly Iron has to be increased which is available from fruits, leafy vegetables, meat & proteins.

2.3 Nutrition

Contraceptive pills do interfere with lactation especially those containing high doses of estrogens and administrated shortly after delivery. The longer the lactational period, the less is the exprosure to pregnancy. Nutrition also aids directly in limiting population growth, in that breast feeding is one of the oldest and most natural contraceptives.

Women who have undergone sterlization would required extra nutritional attention for at least six months. The diet has to be full in Proteins, fats and carbohydrates with ample supply of vitamins.

The normal woman doing light work* requires the following:

	Non pregnant woman	*Pregnant women*
whose weight is	55 kg	65 ± 2
Energy K. Calories	2,300/day	4,000/day
Proteins	56 grams (g)	64 g
Calcium	4 - 05 mg	1.0 - 1.2 mg
Iron	14 - 28 mg	14 - 30 mg
Vit A	2,500 (international units - iu)	2,500 (iu)
Vit D	100 "	400 "
Thiamine	0.9 mg	1.0 mg
Riboflavin	1.3 mg	1.4 mg
Nicotine acid	15.2 mg	16.5 mg
Vit B_{12}	2.0 mg	3.0 mg
Ascorbic	30 mg	50 mg

More attention would be required in the case of women who develop menstrual irregularities. It has been observed that if a women is psychologically assured, she is not a constant visitor to the family planning clinic.

To understand the supportive reasures of nutrition, some concepts* must be discussed.

Undernutrition:

Sustained failure to obtain sufficient food to supply the energy needs.

Malnutrition:

Condition in which a diet meets or may exceed the energy needs of the body while at the same time the food consumed does not provide the amount of proteins, vitamins and minerals required for health, development and vigour.

The physical sensation of hunger is easily appeased by starchy or sweet foods, high in carbohydrates but such foods will not necessarily provide the nutrients essential for body building and repairs, normal physical and intellectual activities and stable emotional state.

In rural societies the family produces most of its own food. In urban communities food is usually a family affair with the head of family and other wage earners providing the funds and women and daughters doing the marketing and preparing the meals.

* The area of nutrition studies is still in its infancy and categorical statements cannot be made about nutrition requirements, it varies from person to person, culture and geo physical circumstances. Yet a general review would not be out of place.
* Best and Taylor *Physiology*.

One can reach the family as follows:

- Mothers, through women extension services -- family planning workers, as social activities.
- Children, through nutrition education, gardening and supplementing feeding programme.
- Older boys and girls through youth clubs.
- Fathers through agricultural extension, and men's clubs.

2.4 Employment and Income Generation

Several programmes have been suggested by social scientists to improve nutrition and employment potential of women. When the reproductory functions dominate during a particular time phase of her life, more nutrition should be provided without increasing the burden on the family income source. Among the experiments conducted, one was poultry farming, where, the Government gave poultry to a group of women and they drew their daily nourishment supplement from the eggs.

Another method of Income Generation as well as nutrition is "Fishing in the ponds". In Calcutta and Bangladesh it is known as "Pokhars in the back yard". It is observed that by consuming 5 gms. of fish everyday the calories generated by getting proteins (A class) and the anti anaemic factor involved is ten per cent more beneficial than for the women who are not getting it.

Kitchen gardens are a constant source of vitamins and carbohydrates. The cost involvement is comparatively much less. Region vegetables should be grown.

These could be done through cooperation between different ministries like Agriculture, Education, Health. . . .

Development of handicrafts by providing training in sewing, knitting, crochet, doll-making and other curios for interior decoration could be highly income-generating. These can also be carried out comfortably during the later stages of pregnancy. Each teacher could train a further group of twenty five or more. The materials and training facilities could be provided by local governmental welfare agencies. When women are involved in these and other activities, they are not only psychologically healthy but are also able to generate enough produce at least to meet their own nutritional needs.

Table 1 (in the Annex) and the explanatory notes give an idea of the demographic structure in the region. Changes in the status of women have occurred mostly in the educational field rather than in renumerative work, position in the family or in the society as seen in Table 2. Table 3 shows the recent changes in the status of women in relation to problems of mortality, nuptiality and fertility. Some countries also feel that in regard to problems of internal and international migration too, the status of women has improved.

The subsequent section focusses on creating potential for employment generation and local use of resources in the first two projects. This will bring about a distribution of household income and consumption expenditure patterns, such that adequate nutrition is supplied to enhance, restore and maintain the producer capacity of women in particular and the family in general. The aim is to provide employment without disrupting family life.

2.5 Education

This is an important input in generating employment potential and in improving community health by sound health training. Mutual co-operation among the women of the society in the transition process of changing the development strategy to a basic needs orientation one, calls for fundamental linkages in the core principles governing education. It is now common knowledge that building pretentious superstructures of modern educational systems, unrelated to the socio economic specifics of their location, have served little or no purpose. The reaction against this trend implies that a

radical transformation must follw not only in the content of education but also in the reconstruction of relationships--which are at present fragile and disjointed--between the national entities that share as a common factor the throwing off of the halter of imitation to delve deeper into their own soil and strength in order to fulfil their developmental aspirations.

The essentials of the new development strategy must have an impact on education and intra regional co-operation so that the measures strengthen the associative links.

Despite regional differences markedly featured in terms of several societal indicators, a common awareness exists in the need for an ecological perspective in the formulation and implementation of development goals. This environ-development framework is the practical starting point to make the mutual co-operation movement a viable one by checking out the potential disruption which one section's developmental activity may have over that of its neighbour.

The sustained geographic and cultural contiguities of the region would help to impressively articulate the functional role of education to evolve pragmatic principles of meaningful co-operation.

A compelling need for collective self-reliance manifests itself in the form of involving women as a resource towards the implementation of developmental goals. Since the developing countries can ill-afford to commit further mistakes and salvage a wrong which is expensive in terms of natural resources, special attention should be given to fully utilising the female potential. This can be done by working out an infrastructure along a set of principles forming the base of an educational system which would be generating the functional ties of education extending further to form a social and institutional infrastructure.

After the primary stage of determining the target groups of women to whom the basic needs are to be provided, the type, nature and quantum of needs and corresponding goods and services to meet them, the pattern of resource use and intensity of technological operation, components enable a mutual interchange of scientific and technical skill which are to be met by appropriate reforms in the educational system. The very process of incorporating women actively in education, their flexible and adaptable nature would lead to an upsurge of liberal principles in education integrating technical education with a training scheme which is as specific as is complex. Other forms of training such as monitoring the use of and augmenting natural resources through useful methods of recycling and reuse and the sketching out of althernative compatible production strategies could also be worked. So also, the rate of use of scarce local resources could be harmoniously decided upon by innovation of new methods of production and fostering an atmosphere which is receptive to changes in resource use patterns through substitution.

If the current artifices of educational links in countries should cease to be the sophisticated cultural exchange relationships they now are and new integral connections are to be forged which would be a meaningful catalyst for development, then we have to move away from the mania that has led to an inefficient use of resources in terms of educational investment decisions being unrelated to either the socio-cultural heritage or to the allocative mechanism of matching educated job-types and job locations.

A novel and inventive approach is needed to consolidate the emerging position of the non-professional women also,so that the purposes of equity are better served without sacrificing efficiency.

2.6 Conclusion

The different inputs in the programme may vary in intensity depending on religious factors or sociological and anthropological features. In each case interventions would have to be evolved and implemented locally.

Complete information about the social, economic, and cultural background has to be obtained through surveys and studied.

Lack of education, strong beliefs and man dominated families could well hinder a family planning programme. Education would then have to be brought in. The women of a high proportion of the world population are very frequently subject to a variety of restricted food taboos, including prohibition against meat, eggs, beans and certain fishes. Sometimes they are the result of religious beliefs. Certain virtues or curses are associated with the consumption of meat. In other instances, the taboos, reflect male chauvinism wherein certain rich foods are objected for women especially when pregnant.

In some parts of Indonesia, the banana is taboo for women.

Pregnant women are not to take eggs, pork, catfish, twin banana, and pumpkins, in some countries.

In some villages of Central America and Far East, meat, chicken and fish, eggs and many vegetables are considered unnecessary, and harmful.

In Bantu homes, girls and women of child bearing age are forbidden to drink milk and may not be marriageable - if they drink.

Restriction on drinking alcohol is certainly most reasonable but the others create very serious problems which frequently result in increased maternal and child mortality.

Inequality in education, diet, and job opportunities for women, poverty, marriage at an early age and a long reproductive period, are other forms of bias.

The marriage age has been raised in some countries - this has an effect on fertility. But the reproductive period should be restricted to only 10 years instead of 25 to 30 years. By this the women is exposed to contraceptive hazards for a shorter time and the consequent nutritional supplement too is small.

Final sterlization of either partner would be helpful in enhancing the productive potential of women.

In the villages, the health centres cater to the entire population: hence these comprehensive programme activities should be co-ordinated with them. The advantages of such an integration with the health centre would be that the financial cost involvement would be less, as the building and other equipments are already there. Available trained personnel could be supplemented and all services provided under one roof.

III. SECTION THREE

3.1 Programme Proposals

There could be two ways of initiating any development programme. One would be to aim at producing a given bundle of final output in terms of physical targets of welfare, and the other would be to budget at the starting point, the quantum of resource utilisation. Both these terminal or initial points have to be brought together through a mechanism of planning. For socially important reasons, the resource angle gains greater importance since the long run goals get naturally embedded in the process. The study so far has stressed the point at each turn that the aim is not to merely meet women's demands, or attend to their problems (though even these aspects have to be paid their due attention), but to utilise them as a potentially powerful resource while planning social programmes and at the implementation stages.

Accordingly, the following four programme proposals presented in this part of the study are devised keeping in view the specific nature of women as a resource and the dynamic features in terms of restoring, augmenting the size of, and enhancing the capacity of the work force. This would lead to effective utilisation of women towards their own need-fulfilment and of society as a whole.

The programmes are oriented towards two main features of women which distinguish their role from that of men. One is the bio - specifics of women related to their reproductive role and the second is connected to their socio-cultural responsibility of the family. Because it is closely intertwined with the first one, the latter has become a historical fact over time, although ideally men should assume equal responsibility for family nurture, apart from being just providers. We take these two points as the basis for designing programmes as there is already a great deal of literature on questions of equality in opportunity, status, and education, and attempts are being made though they are slow and inadequate to bring about these equalities.

3.2 Programme One

The Target Group:

Any given physical supply of women could be divided into four categories. The first group which falls under this programme would be that which has not yet entered the phases of reproduction, i.e. the pre-puberty group upto the age of fifteen approximately.

Orientation:

Though it could well be said that the specific difference in sexes does not arise here while applying the input proportions of the programme, as the future active role of women depends on the training they receive as girls, the orientation should be functional rather than academic.

Inputs:

Family Planning programmes and employment are inapplicable at this stage. However attention to nutrition and education would naturally assume importance.

Objectives:

1) To inculcate a psyche of social consciousness and awareness of one's own role in shaping society.

2) To create healthy students in mind and body.

Methodology.

Three stages of operation.

a) Check on current levels of nutrition, detemine adequacies and inadequacies.

b) Provide Nutritional Education

   i) teaching of food values

   ii) ways of cooking

   iii) emphasise the use of cheap local food and bring out the special features which are conducive to the geo-physical surroundings and climatic conditions.

c) Education for increasing employment potential:

   i) academic part must be provided but not overstressed.

   ii) attempts at subjugating them on basis of sex must be reoriented to enlighten themselves on their place in the social fabric.

   iii) Techno-economic type of training related to the region must be provided. In rural areas, poultry, fishing, cattle breeding, raising kitchen gardens, and agro-farming in general would have to be stressed. Training in handicrafts, home-production and managment techniques could also be given to both rural and urban female population in this target group.

Institutional Framework:

Existing Schools

Polytechnics

Social service groups.

Infrastructural Facilities:

Some commonly located building or even cool grove.

The teachers themselves would have to be specially trained and retraining offerred once in six months to refresh their experiences and forge further.

3.3 Programme Two

The Target Group:

The second category of women included here would be those who are potentially capable of reproduction but have not as yet entered the role formally, and consequently do not have the responsibility of looking after a family, but are beyond the age of fifteen so that they have to now look after themselves and are capable of employment.

Orientation:

Here the difference in sex roles is sharply visible and though not actually set in motion by the reproductive activity, the type of job opportunities provided or the specific training courses to create employment potential could well be influenced by such sex discrimination. The present preponderance of women in textiles, education and electronics bears testimony to this fact. The orientation

should therefore be to provide such training and employment which fits in with locally available resources and projects so that women can spread out and not be confined to conventional job types.

Inputs:

Here again family planning is not yet applicable, but the three other inputs of nutrition, education and employment have to be applied intensively.

Objectives:

1) To make this class of women economically independent, productive and aware of their role in national decision making and plan formulation.
2) To utilise the women power effectively and train them suitably.

Methodology:

A. *Education*

1. Conventional school training fitted to women-specific needs. Teaching them physical aids to security and survival.
2. Parent-Teacher-retraining.
3. Experimental training courses.
4. Youth participatory courses -- such as first aid, local surveys, artistic and cultural programme and shows, to encourage creativity.
5. Techno economic training.
6. Emergency situations -- Presence of mind and alertness to be focussed upon.
7. Reforms in curricula.
8. Specialisation of talents to be placed against training in a wide range of activities.
9. Relating home and school by roping in housewife expertise and giving them an opportunity to teach.
10. Continuing their apprenticeship at home. The other programmes of training and employment should not conflict with this as apprenticeship with mother is the best way for preparing a girl for her future role as the pivot of the family.
11. Abandoning rote system of learning for functional education.

B. *Nutrition*

1. Emphasis on new recipes from local foods with nutritive values.
2. Provide adequate nutrition and make them pay for their meal by adequate community service.
3. Learn the traditional medicines, importance of local herbs etc.

C. *Employment*

i. involve in income generating activities of a varied nature.
ii. capital building and community asset creation so that the entire group is at least self-sustaining and therefore productive, and not being a burden.

Institutional Framework:

1. Workshops and Exhibitions
2. Participatory groups
3. Youth clubs
4. Apprentice cells
5. Experimental centres
6. Seasonal activity

Groups for farm diversified functions or urban activities. Any or all of these could be organised by the members of the community themselves or social service leaders could be brought in, in special cadres who could leave after training local personnel in getting together these activities.

Infrastructural Facilities:

Either funds or materials would have to be initially provided by the local developmental authorities to mobilise and utilise the youth resources. Once some sort of productive activity is on the go, the movement could be self-sustaining.

3.4 Programme Three

Target Group:

The class of women in this programme would be those who are family and household chiefs and are in the reproductive phase, that is below forty-five years of age.

Orientation:

The difference in sex is set in motion by the reproductive function and family responsibility. This group is at its height of productive capacity but at the same time involved in childcare and family nurture. They should therefore be oriented towards societal decision making functions, which will also give them scope for intellectual enhancement.

Inputs:

All four inputs of family planning, nutrition, education and employment would have to be applied here intensively.

Objectives:

1) To enable women in this group to participate in the planning process.
2) To enhance the physical and intellectual capacity of women in this group.

Methodology:

i. Family planning methods initiated and
ii. Knowledge and training of the pros and cons of such methods imparted.
iii. Each method has health hazards which have to be counteracted by supportive nutrition as much as possible.
iv. Provide infrastructure for meeting their own nutritional needs.
v. Educational emphasis on training for jobs which can be done while running the family welfare centres.

vi. Training in environmentally sound principles of reuse, recycle.

vii. Employment opportunities such as training the first target group.

viii. Intellectual work, monitoring and evaluation of social phenomena; survey data processing, participation in establishment of local projects in all its stages.

ix. Orientation courses for men so that they understand the role of women.

Institutional Framework:

Health Centres

Family Planning Centres

Nutrition Care Centres

Social Service Groups

Women's Organisations

Women's Trade Unions

Infrastructural Facilities:

Family planning aids, delivery system for supportive nutritional care, regional plan bodies and their personnel, funding for setting up women's groups and training personnel.

3.5 Programme Four

Target Group:

The climacteric stage in woman starts from the age of 45 onwards and factually speaking can be the most productive period, as she is free from the reproductive burden, raising of children and, house-hold formative activities. She has much more time for her development and contribution to the society. Her mental as well as physical frames have to be geared to offset the medical condition of "Menopausal Synodrome" – where 70% of the women suffer.

It is noted that the physical and mental discomforts and health hazards are faced by working women in a better manner than those at home.

Orientation:

It was in 1969 at the International Health Foundation that the subject of "menopausal women" was highlighted. Prior to this and specially in the late 18th Century woman was considered as non productive and a non contributing factor to the society, so much so that even Margaret Mead treated this age of women as men; saying that these women no longer had to be modest, and could use obscene language. Similarly in 1850 Monsieur Colombet Dellsere in France held that women in this age group should forgo luxurious living, should not sleep on feather beds, and indulge in emotional pursuits. The nineteenth century of course turned another leaf when the Feminine Cult was introduced. This was supported by the introduction of 'Hormones to Save Women'. Oestrogen thereapy is saving women from the hazards of her natural aging process; from the expectancy of life curves it is noted that for nearly 20 years, between 45 and 60 years a woman can be an active participant in the social fabric. Especially in better nourished countries and colder regions, she can continue to be mentally and physically very capable.

Inputs:

The nutrition which is required at this age is less than for the woman who is in the reproductive stage. Yet qualitative nutrition should be given more importance than quantitative nutrition.

As regards family planning, it is not applied directly, but medical care and guidance must be continuously given so that she may maintain her physique and psyche. Those who are uneducated may be trained in various spheres so that they may become productive. The main role of such women would be to be employed and participate in social decisions as they are more mobile and experienced; and to care for and train the other segments of women through their own experiences.

Objectives:

1) To make this group into a cadre of training personnel, advisors, project evaluators and decision makers in planned programmes.
2) To enable them to come out of the cocoon of their homes in which they had comfortably settled for so long and to create a social consciousness and an awareness of problems around them.

Methodology:

The same procedures which were used for programme three earlier could be used here and where family planning is concerned, this group could be the counsellors for the others if well trained.

Institutional Framework:

Apart from the institutions mentioned in programme three, the women in this group must be activised to get together and form groups of their own, for social services.

Infrastructural Facilities:

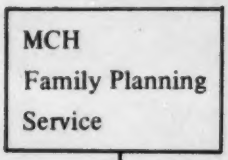
As groups, they could get some initial help from the local plan bodies which would then generate a system of self-supporting productive activities of an economic social and cultural nature.

A woman in this age group can be best utilized in the following ways:

1. On advisory committees, and in supervisory situations. By virtue of her experience she could be a better guide.
2. As an instrument to break the taboos of the society she lives in.
3. For helping young couples in different ways, specially if they are not living in joint families.
4. For running of creches and childcare.
5. Be elected as village health and welfare leader and be actively integrated in the socio cultural blocks.
6. She could be involved in the para medical teams.
7. Last but not least the traditions of culture and religion could be preserved and spread through her.

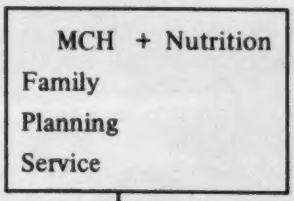
One of the methodologies of the integrated programme will be to take four health centres at a time in the same locale or area and retain one of them as a 'control' or baseline centre with family planning and health services only, add the component of Nutrition to the second one, nutrition and education to the third and nutrition, education and income generation to the fourth as shown below:

a. Health Centre I

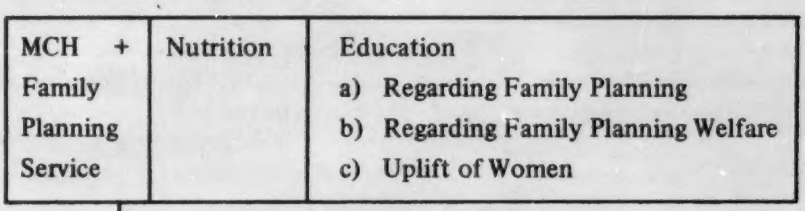


This acts as 'Control' centre also

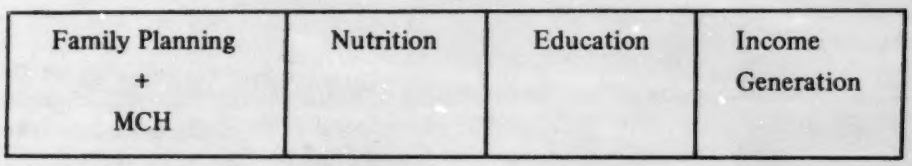
b. Health Centre II



c. Health Centre III



d. Health Centre IV



All these four centres may be studied for a period of three years and the evaluation done by an independent party. This will enable us to see the benefits of addition of components and make necessary mid-course corrections.

The justification for an overall integrated approach also lies in the fact that innovations and the development of new attitudes and activities in various fields are best disseminated through well co-ordinated efforts. However, proper evaluation in terms of 'Family Welfare' and 'benefit to women' can be found by keeping proper records in the above centres, taking into consideration factors such as migration, natural calamities etc. A static 'control' group is ideal for our purposes.

IV. SECTION FOUR

4.1 Some Words of Caution

1) The programmes would be successful only if the participants and personnel in charge are able and dedicated to the cause of social development. The four programmes are such that they are capable of being implemented for all age groups together in any one region or could be picked up depending on the preponderance of women in any age group in the area.

2) The cost of each programme would vary, depending on the number of participants, the prices within the area for various products such as supportive nutrition and trained personnel. The cost could also go up depending on the length of the time period for the programme implementation by the rate of inflation prevalent in the area under the project.

3) An aspect which has to be noted about cost is that whatever the magnitude of initial cost, in self sustaining and incoming generating schemes of linked projects such as these the subsequent costs would decline and be negligible. The economic benefits of course would be plowed in as capital and the invisible benefits would have enhanced the capital in terms of knowledge, training and experience.

4) While conducting surveys, the cultural diversities cannot be easily recognised, measured, or annlysed. This problem is infinitely aggravated when the personal homogeneity premise is rendered baseless by individuals answering inconsistently in the same survey. The informant has therefore to be assumed as having answered correctly and measures have to be devised as part of the strategy to allow for a variation in the informant's stated intentions and actual behaviour patterns. In order to maximise internal consistency the researchers must be trained in the art of questionnaires in the field surveys so that they pace the entire process in easy steps.

5) New institutional forms would have to be devised while implementing the programmes so that the women's groups are formed by members coming together not to struggle against others but to strengthen themselves.

6) Policies must be so evolved that they do not conflict with the productive capacity of the women. For example, a family planning move to raise the age of marriage for girls and so restrict her reproductive period could well curtail her productive capacity as she would have to spend a greater portion of her active life catering to the family in the next phase when her potential is the highest.

7) This also brings us to the next point of groupings in the four programmes. An unmarried mother or yet an unmarried sister in charge of a family would belong to that programme which relates to the inputs required for building up her infrastructure rather than by the demographic classification of age.

8) Even while instituting family planning programmes, the psychic costs of violating social norms felt by many or yet, the costs of ignorance and initial fear of the unfamiliar cannot be computed but must be borne in mind. More important, the post-sterilisation or menopausal trauma has to be psychologically adjusted and trained help must be provided in this regard to make women most productive.

9) The intensity and manner of programme implementation should be tailored to the situation in each area as the target group itself perceives it to be. The manifestation of women's behaviour with regard to pattern of food consumption, working hours, mobility pattern, desired number of children, and education of daughters varies with the socio economic feature in each area. By virtue of their sex they also have to face pressures of security and survival.

The participation of women in these programmes would also depend on their own conception about their status and whether it has changed over time. Status is an enforcing social pressure affecting the behaviour of individuals within groups.

Instead of excessive turnover of training personnel between regions, attempts must be made to generate them locally, so that they are in a better position to launch into the major planning functions of a project such as definition, ranking of alternatives, cost estimates, and getting approval of funding agencies as well as major operating functions such as site and location studies, feasibility preparations, and data collection. This can then analyse and set into motion the preconditions for successful implementation.

Even in the field of medicine, research is not complete nor are answers precise or categorical. Much has to be done to investigate the relationships between child mortality and fertility behaviour, determine the potential impact of various types of contraceptives upon the health and location of malnourished women; the impact of short birth intervals upon infantile malnutrition and the resulting syndrome of health disorders.

What is therefore important is to devise various feasible combinations of comprehensive programmes as is done in this study so that over a period of successful implementation one could measure or at least qualitatively gauge the social costs and benefits of integrated approaches vis a vis single schemes, of a fragmentary nature.

4.2 Need for Further Work

The projects suggested in this study would serve as a first step to clarify the effective role of social welfare measures in strengthening women's participation in the ideological formulation of development planning. The second step is identifying the individual areas where the integrated approach has to be implemented with best results. The third step is to analyse the impact in terms of adequacy of implementation, the impact on quality and the male/female gains of such measures. This would have to be done in terms of region, age, occupation etc. Further, the impact would also have to be studied as relationship between the implementation of the integrated programme and employment index, intra household production, and social relations. These correlative associations between relevant variables would also have to be studied in the dynamic context. New indicators would have to be developed to study the impact on women and population structure in general. When norms are constructed regarding these indicators they would serve as evaluating and monitoring devices with the trends interpreted against the broader objectives of national development plans.

The entire thrust of the methodology suggested in this study and the programme proposals, is to enable women to identify needs, surmount problems, and take decisions in a situation of choice either through new methods, singly or in groups, on the basis of past experience or on the basis of pilot studies and scientific investigation in their own community setting. The mutually reinforcing effect of the various inputs in the comprehensive programme package affects participants' motivation by the frequency and timeliness of introduction of each element in the programme, the increase in credibility of the team applying it and the interrelated nature of the inputs such that adopting one implies the continuing adoption of the others so that the active and passive links in women's participation in planned development is strengthened at all layers.

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ANNEX

Note on Demographic Estimates 1979

The ESCAP Population Division has recently compiled estimates of the 1979 population figures and 11 other demographic measures for each of the 38 member and associate member countries in the region (see the accompanying table). The estimates are taken form official United Nations projections, national projections and data sources and the South Pacific Commission; in some cases they are derived by ESCAP and based primarily on national sources.

The mid-year 1979 population of the region is estimated at 2,400 million, or 55 per cent of the world total of 4,336 million. The population of China comprises 39 per cent of the region's population, and that of India, 28 per cent. Six of the earth's 10 largest countries are in the ESCAP region: China, India, Indonesia, Japan, Bangladesh and Pakistan.

The crude birth rate for the region is 29.4, ranging from a low of 14.6 in Japan to a high of 45.7 in Pakistan. In general, the Oceania subregion (of which 80 per cent comprises the population of Australia and New Zealand) has moved the furthest along the demographic transition to low fertility and mortality, while the middle south Asia subregion has moved the least. Demographically, eastern south Asia is similar to middle south Asia, and east Asia more closely resembles Oceania.

The crude dealth rate is lowest in east Asia (8.3 per thousand population) and highest in middle south Asia (14.1), equalling 11.2 for the region as a whole.

The population of the region is currently growing at an annual rate of 1.8 per cent, or about 43 million persons a year, which is nearly the equivalent of the population of Thailand. Hong Kong experienced the highest rate of growth between mid-year 1978 and 1979 (6.2 per cent), and Niue the lowest (-4.5 per cent), owing primarily to international migration in both cases. The Cook Islands and New Zealand also had negative growth rates.

China and India are each growing at a rate of 1 million persons per month. Annual increase in Indonesia equals 3.0 million; in Pakistan, 2.6 million; in Bangladesh, 2.3 million; and in Iran, the Philippines, Viet Nam and Thailand over 1 million.

Although fertility in the region has been declining, in some countries rapidly, the total fertility rate still equalled 4.1 in 1979 and was above 6.0 in nine countries.

Life expectancy at birth is a moderate 58.7 years in the ESCAP region, but was over 70 years in Japan, Hong Kong, Australia, New Zealand and Singapore. Life expectancy in Japan, at 75.2 years, is the highest in the world.

The estimates of the infant mortality rate are probably the least reliable of those presented. The registration of vital events in most countries of the region is not complete enough to give a reliable measure of infant mortality. In many cases the estimate was derived from model life tables based on the estimated life expectancy. The infant mortality rate ranges from the low values of 8 in Japan, 11 in New Zealand, 12 in Australia and 13 in Hong Kong and Singapore to a high estimate of 185 in Afghanistan.

The age structure of a population is determined by previous fertility and mortality levels. When mortality initially declines from a high level, it has the effect of making the population younger because percentage declines in mortality are greatest at the younger ages. Later, however, declines in mortality and fertility both lead to a population with a higher percentage of persons in older age groups. The fact that in 22 ESCAP countries more than 40 per cent of the population is under age 15 is a reflection of past, and in some instances current, high fertility levels.

The ESCAP region contains some of the most densely populated countries and areas in the world. After Macau and Monaco, Hong Kong with 4,700 persons per square kilometre (km^2) and Singapore with 3,800 persons per km^2 are the most densely settled States/areas in the world. Bangladesh, with a density of 594 persons per km^2, is the most densely populated large country.

The ESCAP region is still nearly three fourths rural (73 per cent). The region's rural population comprises 69 per cent of the rural population of the world. Twenty-two countries in the region are less than 30 per cent urban.

By world standards, a high percentage of females aged 15 to 64 are economically active. In 10 of the countries, more than half of the women aged 15 to 64 are in the labour force. More than 70 per cent are in the labour force in the Lao People's Democratic Republic, Papua New Guinea and Thailand, and more than 60 per cent also in Bhutan and Nepal.

By the end of the century, the population of the ESCAP region is projected to reach 3,272 million, representing an increase of 36 per cent over the 1979 total. The average annual growth rate between 1979 and 2000 would be 1.5 per cent. Hence, while declining fertility and growth rates in most countries of the region indicate that they are effectively tackling the problems of excessive population growth, the projected population totals and growth rates indicate that population cannot soon be dismissed as a serious obstacle to socio-economic development.

1979 Demographic Estimates for Asian Population Division

	Population mid - 1979 (thousands)	*Crude birth rate*	*Crude death rate*	*Rate of growth (percentage)*	*Total fertility rate*	*Life expectancy at birth*
Escap region	*2,403,264*	*29.4*	*11.2*	*1.8*	*4.1*	*58.7*
East Asia	*1,104,237*	*20.9*	*8.3*	*1.3*	*2.8*	*65.9*
China[a]	944,217	21.7	8.7	1.3	2.9	64.6
Hong Kong[b]	4,900	16.5	5.1	6.2	2.3	74.0
Japan[c]	115,880	14.6	6.0	0.8	1.8	75.2
Mongolia[d]	1,635	38.0	7.7	3.0	5.5	63.9
Republic of Korea[e]	37,605	21.3	5.7	1.6	3.0	68.9
Eastern south Asia	*354,003*	*35.6*	*12.9*	*2.3*	*4.8*	*53.9*
Brunei[a]	185	30.5	4.6	3.2	...	...
Burma[a]	34,439	38.1	13.8	2.4	5.4	53.3
Democratic Kampuchea[a]	8,668	32.2	15.6	1.7	4.6	48.0
Indonesia[f]	147,540	35.9	14.6	2.1	4.6	49.7
Lao People's Democratic Republic[a]	3,633	43.1	19.7	2.3	6.1	44.2
Malaysia[g]	13,518	31.6	6.6	2.5	4.6	68.1
Philippines[h]	46,421	34.6	8.4	2.6	4.8	61.3
Singapore[i]	2,363	17.0	5.3	1.2	1.8	70.1
Thailand[j]	46,142	31.0	8.0	2.3	4.2	63.7
Viet Nam[a]	51,094	40.1	17.1	2.3	5.7	48.3
Middle south Asia	*923,083*	*37.4*	*14.1*	*2.3*	*5.4*	*51.8*
Afghanistan[k]	15,549	45.2	21.1	2.5	6.8	39.8
Bangladesh[f]	85,511	45.0	17.6	2.7	6.3	48.0
Bhutan[a]	1,269	42.4	20.0	2.2	6.1	43.9
India[f]	675,449	35.0	13.6	2.1	5.0	52.2
Iran[a]	36,881	43.0	13.0	3.0	6.2	54.3
Maldives[g]	148	36.0	11.8	2.4	...	...
Nepal[a]	13,938	42.6	20.1	2.2	6.3	43.9
Pakistan[a]	79,838	45.7	14.2	3.2	6.8	52.6
Sri Lanka[l]	14,500	27.5	7.5	2.0	3.4	64.0
Oceania	*21,941*	*20.3*	*9.1*	*1.2*	*2.7*	*69.5*
Australia[m]	14,410	15.3	8.2	1.1	1.9	73.2
Cook Islands[n]	18	27.0	7.0	1.1	4.2	...
Fiji[g]	619	30.0	5.0	2.0	3.6	...
Kiribati[n]	57	...	...	...	...	...
Nauru[g]	7	21.1	4.8	1.2	...	...
New Hebrides[n]	114	...	...	3.2	...	...

	Population mid - 1979 (thousands)	*Crude birth rate*	*Crude death rate*	*Rate of growth (percentage)*	*Total fertility rate*	*Life expectancy at birth*
New Zealand[o]	3,096	16.5	8.1	0.4	1.9	73.0
Niue[p]	4	25.0	8.0	4.5	...	...
Papua New Guinea[d]	3,021	42.1	15.0	2.7	6.2	51.2
Samoa[g]	155	33.5	6.8	0.7	6.4	63.2
Solomon Islands[g]	220	42.0	9.0	3.3	...	...
Tonga[n]	96	...	...	2.2	...	...
Trust Territory of the Pacific Islands[q]	117	29.0	5.1	3.0	4.6	...
Tuvalu[n]	7	...	...	1.2	...	...

Pacific countries or areas
ESCAP

Infant mortality rate	*Percentage of population 0-14*	*Density (persons per km^2)*	*Percentage of urban population*	*Percentage of females 15-64 in labour force*	*Population projected to 2000 (thousands)*
78	*36.1*	*171*	*27*	*46*	*3,272,216*
45	*29.5*	*150*	*32*	*54*	*1,379,670*
50	29.9	98	25	55	1,189,572
13	26.6	4,689	90	47	6,679
8	23.9	311	78	53	128,901
53	43.6	1	50	44	2,883
33	35.8	380	54	40	51,635
101	*41.6*	*118*	*23*	*52*	*520,124*
...	...	32	75	...	306
103	40.9	51	27	46	55,108
132	42.5	48	14	53	12,475
122	41.9	73	20	47	206,057
155	42.1	15	13	71	5,725
36	39.7	41	29	38	19,230
64	42.4	155	36	41	73,423
13	28.5	3,836	74	43	3,032
54	41.7	90	17	73	65,413
130	41.2	155	22	63	79,355
111	*42.0*	*221*	*22*	*35*	*1,343,046*
185	45.2	24	14	21	26,244
132	45.7	594	11	20	141,090
156	41.7	27	11	61	2,036
108	40.9	206	22	41	921,500
97	45.2	22	49	14	65,420
106	...	498	21	...	227
156	42.4	99	5	60	22,432
106	46.5	100	28	10	144,974
53	35.1	221	26	29	19,123
28	*29.4*	*7*	*75*	*52*	*29,376*
12	25.8	2	88	52	18,316
29	48.7	78	27	34	22
30	39.5	34	38	21	818
...	...	83	36	...	70
...	...	356	100	...	10
...	...	10	17	45	174
11	27.9	12	84	44	3,674
...	42.4	14	17	22	4
114	42.2	7	26	70	5,368
38	46.9	53	21	18	191

Infant mortality rate	*Percentage of population 0-14*	*Density (persons per km^2)*	*Percentage of urban population*	*Percentage of females 15-64 in labour force*	*Population projected to 2000 (thousands)*
55	47.9	8	10	45	414
...	44.0	137	31	...	131
33	44.8	85	54	...	175
33	...	287	30	...	9

Reference Notes

The principal source of the estimates for each country or area is cited below. Detailed foot-notes may be obtained from the Population Division of ESCAP.

a United Nations Population Division, printout of selected world demographic indicators by countries, 1950 - 2000, New York, 24 August 1979, medium variant.

b Hong Kong Census and Statistics Department, *Hong Kong Monthly Digest of Statistics,* July 1979 and August 1979 (Hong Kong).

c Japan, Statistics Bureau, *Monthly Report on Current Population Estimates,* October 1979.

d United Nations, *op. cit.,* high variant.

e Republic of Korea, National Bureau of Statistics, *Monthly Statisics of Korea,* July 1979.

f United Nations, *op cit.,* low variant.

g ESCAP Population Division, based on national sources.

h M.B. Concepcion, "Alternative population futures", University of the Philippines Population Institute Population, Resources, Environment and the Philippine Future Project Report No. 6, medium projection.

i Singapore, Department of Statistics, *Monthly Digest of Statistics,* vol. 18, No. 10, October 1979, and *Singapore Demographic Bulletin,* September 1979.

j Thailand, Working Group on Population Projection: National Statistical Office, National Economic and Social Development Board, and Institute of Population Studies, Chulalongkorn University, *Population Projection for Thailand 1097-2000 (Whole Kingdom)* (Bangkok, 1977), low fertility assumption.

k Afghanistan, Ministry of Planning Affairs, *Estimates of the Population of Afghanistan in 1357 [1978] and Projection of the Population for the Years 1358 - 1362 [1971 - 1983],* Publication No. 5 (Central Statistics Office, 1978) and the 1979 census total.

l "Growth rate 2 per cent and falling", *The Colombo Plan Newsletter,* vol. 60, No. 5, October 1979, p. 7, citing estimates made by the Department of Census and Statistics.

m Australian Bureau of Statistics, *Projections of the Population of the States and Territories of Australia, 1978 - 2011* (Canberra, 15 May 1979), series D.

n South Pacific Commission, *Population 1978,* Statistical Bulletin of the Sourth Pacific No. 15 (Noumea, September 1979).

o New Zealand, Department of Statistics, *Quarterly Population Bulletin,* vol. 1, No. 3 (March 1978) and vol. 2, No. 3 (December 1978) and *Monthly Abstract of Statistics,* September 1979.

p Government of Niue, *Niue National Development Plan, 1980 - 1985* (Alofi, August 1979).

q Trust Territory of the Pacific Islands, Office of Planning and Statistics, *Bulletin of Statistics,* vol. 1, No. 3 (Saipan, Mariana Islands, December 1978).

Governments' views with respect to changes in in the status of women in the areas specified

Country	*Changes in the Status of Women with respect to:*							
	Remunerative work		*Educational work*		*Position in the family*		*Position in the society*	
	Changes taken place were							
	Substantial	*Limited*	*Substantial*	*Limited*	*Substantial*	*Limited*	*Substantial*	*Limited*
Bangladesh	-	x	-	x	-	x	-	x
Fiji	-	-	-	x	-	-	-	x
India	-	x	-	x	-	x	-	x
Iran	x	-	x	-	x	-	x	-
Japan	-	x	-	x	-	x	-	x
Malaysia	x	-	x	-	x	-	x	-
Maldives	-	-	-	-	-	-	-	-
Nepal	-	-	-	-	-	-	-	-
Pakistan	-	x	x	-	-	x	-	x
Papua New Guinea	-	x	-	x	-	x	-	x
Philippines	-	x	x	-	-	x	x	-
Republic of Korea	-	x	x	-	-	x	-	x
Samoa	-	-	-	x	-	x	-	x
Singapore	x	-	x	-	x	-	x	-
Sri Lanka	x	-	x	-	x	-	x	-
Thailand	-	x	x	-	-	x	-	x
Number of countries	4	8	8	6	4	9	5	9
Total population in millions	63	1,024	263	825	63	1,024	108	980
Per cent population respondent[a]	5 .7	93 .0	23 .9	74 .9	5 .7	93 .0	9 .8	89 .0

Note: Per cent of total population of the responding Governments.

Source: Asian-Pacific Population Programme News 1979.

Governments' views with respect to recent changes in the status of women in its relation to specified problems

Problems:	*Contributed to sohition*	*Neither contributed nor constrained*	*Constrained the solution*	*Not applicable – no change in status of women*	*No view, information insufficient*	*No view, other reasons*
Related to mortality	Bangladesh, Iran, Japan, Malaysia, Pakistan, Papua New Guinea, Rep. of Korea, Singapore, Sri Lanka, Philippines				Fiji, India, Thailand	
Related to nuptiality	Bangladesh, Iran, Malaysia, Pakistan, Rep. of Korea, Singapore, Sri Lanka, Philippines			Japan	Fiji, India, Papua New Guinea, Thailand	
Related to fertility	Bangladesh, Fiji, Iran, Malaysia, Pakistan, Rep. of Korea, Singapore, Sri Lanka, Philippines			Japan	India, Papua New Guinea, Thailand	
Related to internal migration	Bangladesh	Rep. of Korea, Sri Lanka		Pakistan	Fiji, India, Iran, Japan, Malaysia, Papua New Guinea, Thailand, Philippines	Singapore
Related to international Migration	Bangladesh	Rep. of Korea, Sri Lanka		Japan, Pakistan, Thailand	Fiji, India, Iran, Malaysia, Papua New Guinea, Philippines	Singapore

Source: Asian-Pacific Population Programme News 1979.